

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34332

State File No. ....

FILED NOV 14 1950

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>346</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>41</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia Missouri</u> <u>0804</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>241 South Quincy</u>				d. STREET ADDRESS (If rural, give location) <u>241 South Quincy</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Zula</u>		b. (Middle) <u>Alma Burton</u>		c. (Last) <u>Coe</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>2</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 13 1885</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>		IF UNDER 14 HRS. Hours <u>19</u> Min. <u>19</u>			
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>							
13a. FATHER'S NAME <u>Gervais W. Davis</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Eliza Davis</u>		14. NAME OF HUSBAND OR WIFE <u>W. P. Coe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William A. Burton Sedalia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by drowning</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>3975X</u> <u>11-5</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>VIEWED</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>As Person</u> , to <u>As Person</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>9:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. Gordon Knapp</u>				23b. ADDRESS <u>Cornery, Pettis Co</u>		23c. DATE SIGNED <u>11-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/4/50</u>		REGISTRAR'S SIGNATURE <u>W. Campbell</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Ewing Funeral Home</u>		ADDRESS <u>Sedalia</u>	

(Licensee's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-13-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 11-13-50

DEC 5 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seclavia Mo

Note: (The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.